2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 657454

FILED Apr 23, 2007 Secretary of State

Entity Name: FIRE PROTECTION CONTRACTORS DEVELOPMENT CORPORATION

Current Pi	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
255 PRIME SUITE 230 LAKE MAR		US	699 AERO SANFORD		US	
Current M	ailing Address	::	New Mailir	New Mailing Address:		
255 PRIME SUITE 230 LAKE MAR		US	699 AERO SANFORD		US	
FEI Number:	59-1982991	FEI Number Applied For () FE	I Number Not Appli	cable ()	Certificate of Status Desired (X)	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	I, DONALD D			I, DONALD D)	
	ERA BLVD., SUI PY, FL 32746	TE 230 US	699 AERO SANFORD		US	
	named entity so of Florida.	ubmits this statement for the purpo	se of changing it	s registered o	office or registered agent, or both,	
SIGNATUF	RE:				04/23/2007	
	Electronic	Signature of Registered Agent			Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () [LEWIS, JIM D 15521 W 110TH LENEXA, KS 66		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	DS () I OLIVER, DAVID 501 FEHELEY D KING OF PRUSS		Title: Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () [WIGINTON, DON 255 PRIMERA B LAKE MARY, FL	LVD., SUITE 230	Title: Name: Address: City-St-Zip:	D (X WIGINTON, DO 699 AERO LAN SANFORD, FL	E	
Title: Name: Address: City-St-Zip:	T ()[KOZEL, RICH 5150 LAWRENC HYATTSVILLE, M		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	DP () [BOULANGER, JII 2707 70TH AVE. TACOMA, WA 98	EAST	Title: Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

	Flacture is Circurture of Circuit of Office and Discrete		D-1-
SIGNATURE:	DONALD WIGINTON	D	04/23/2007